

**COVID-19
PREVENTION PLAN**

Forms

**School District
COVID-19 Prevention Program (CPP)**

Identification of COVID-19 Hazards

All persons, regardless of symptoms or negative COVID-19 test results, will be considered potentially infectious. Particular attention will be paid to areas where people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not. For example: meetings, entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.

Evaluation of potential workplace exposure will be to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers or clients, and independent contractors. The School District will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing fixed work locations.

Person conducting the evaluation: _____ **Date:** _____

Name(s) of employee and authorized employee representative that participated:

Interaction, area, activity, work task, process, equipment and material that potentially exposes employees to COVID-19 hazards	Places and times	Potential for COVID-19 exposures and employees affected, including members of the public and employees of other employers	Existing and/or additional COVID-19 prevention controls, including barriers, partitions and ventilation

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COVID-19 Inspections

Work location evaluated: _____

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
Engineering			
Ventilation* (amount of fresh air and filtration maximized)			
Additional room air filtration			
Administrative			
Surface cleaning and disinfection (Frequently enough and adequate supplies are provided)			
Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			
PPE (not shared, available and being worn)			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection			

*Identify and evaluate how to maximize ventilation with outdoor air; the highest level of filtration efficiency compatible with the existing ventilation system; and whether the use of portable or mounted HEPA filtration units, or other air cleaning systems, would reduce the risk of COVID-19 transmission. Review applicable orders and guidance from the State of California and local health departments related to COVID-19 hazards and prevention have been reviewed, including the CDPH Interim Guidance for Ventilation, Filtrations, and Air Quality in Indoor Environments and information specific to your industry, location, and operations. The School District will maximize the quantity of outside air provided to the extent feasible, except when the United States Environmental Protection Agency (EPA) Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.

Date: _____

Name of person conducting the inspection: _____

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Investigating COVID-19 Cases

Date: _____ **Name of person conducting the investigation:** _____

1. All personal identifying information of COVID-19 cases or symptoms will be kept confidential.
2. All COVID-19 testing or related medical services provided will be provided in a manner that ensures the confidentiality of employees, with the exception of unredacted information on COVID-19 cases that will be provided immediately upon request to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH), or as otherwise required by law.
3. All employees' medical records will also be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace, with the following exceptions: (1) Unredacted medical records provided to the local health department, CDPH, Cal/OSHA, NIOSH, or as otherwise required by law immediately upon request; and (2) Records that do not contain individually identifiable medical information or from which individually identifiable medical information has been removed.

Employee (or non-employee*) name:		Occupation (if non-employee, why they were in the workplace):	
Location where employee worked (or non-employee was present)		Date investigation was initiated:	
Was COVID-19 test offered?		Name(s) of staff involved in the investigation:	
Date and time the COVID-19 case was last present in the workplace:		Date of the positive or negative test and/or diagnosis:	
Date the case first had one or more COVID-19 symptoms:		Information received regarding COVID-19 test results and onset of symptoms	
Results of the evaluation of the COVID-19 case and all locations at the workplace that may have been visited by the COVID-19 case during the high-risk exposure period, and who may have been exposed			
Notice given (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) of the potential COVID-19 exposure to:			
All employees who may have had COVID-19 exposure and their authorized representatives.	Date:		
	Names of employees that were notified:		
Independent contractors and other employers present at the workplace during the high-risk exposure period.	Date:		
	Names of individuals that were notified:		
What were the conditions that could have contributed to the risk of COVID-19 exposure?		What could be done to reduce exposure to COVID-19?	
Was local health department notified?		Date:	

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COVID-19 Training Roster

Date: _____ Name of person conducting the training: _____

Employee Name	Signature

School District
COVID-19 Prevention Program (CPP)

**Documentation of Employee COVID-19 Vaccination Status –
CONFIDENTIAL**

In lieu of this form, the School District may utilize a Google Form, database, or other electronic recordkeeping system

Employee Name	Fully or Partially Vaccinated ¹	Method of Documentation ²

¹Update, accordingly and maintain as confidential medical record

²Acceptable options include:

- Employees provide proof of vaccination (vaccine card, image of vaccine card or health care documents showing vaccination status) and employer maintains a copy.
- Employees provide proof of vaccination. The employer maintains a record of the employees who presented proof, but not the vaccine record itself.
- Employees self-attest to vaccination status and employer maintains a record of who self-attests.

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Request for Voluntary Use of a Respirator

Name _____ Date: _____

Job Title _____ Supervisor: _____

Work Location/School Site: _____

PPE (such as gloves, goggles, and face shields) as required by CCR Title 8, section 3380, will be provided, as needed. **Employees who are not fully vaccinated and who are working indoors or in vehicles with more than one person may request a respirator under this section.**

A Respiratory Protection Program will be implemented that includes Medical Evaluations, Fit-Testing, and Training. The School District will provide evaluate the tasks or conditions in accordance with CCR Title 8 section 5144 when the need to utilize N95 or other tight-fitting respirators is determined. All elements of CCR Title 8 section 5144 will be implemented.

I would like to request a respirator to use voluntarily to use during these tasks of my job: Please describe:

I understand that I must remain clean shaven.

I understand that I must also submit to a medical evaluation, Fit Testing, and annual training in the proper use of a respirator.

Signature

Please provide the completed form to your Supervisor.